

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. _____

Primary Registration District No.

1003 Registrar's No.

6535

63-026266

STATE FILE NUMBER

Registration District No. **318**
FILED JUN 28 1965

1003

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Taylorville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 827 West Park	
3. NAME OF DECEASED (Type or print) First Middle Last Mable E. PEARCE		4. DATE OF DEATH Month Day Year June 20 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/1/1903
9. AGE (last birthday) 60		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner and Operator		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	
11. BIRTHPLACE (City and state or country) Equality, Illinois.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME A. R. Sisk		13b. MOTHER'S MAIDEN NAME Mattie Clark	
14. NAME OF HUSBAND OR WIFE Clyde Pearce		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Jack Pearce, Taylorville, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTHYROIDISM DUE TO (c) 252.0			INTERVAL BETWEEN ONSET AND DEATH 1-2 weeks Over 3 mon.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 6/15/63 to 6/20/63 and last saw her alive on 6/20/63 Death occurred at 8:10 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F.R. Bradley, M.D. (Degree or title)	22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 6/20/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-22-63	23c. NAME OF CEMETERY OR CREMATORY Owaneco Cemetery	23d. LOCATION (City, town, or county) (State) Owaneco, Illinois
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd	25. DATE RECD. BY LOCAL REG. JUN 21 1963	26. REGISTRAR'S SIGNATURE Dean Smith, M.D.	

**USE BLACK INK
OR
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. A. M. Dinkley

Licensed Embalmer No. *3653*

P. O. Address

St. Louis 8, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.